



Healthy Aging Update

Iowa Department on Aging

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Welcome

The Healthy Aging Update is designed to support Iowa Area Agencies on Aging in administering the Nutrition Program. This issue provides information about March Nutrition Month activities, risk management for nutrition programs, dietary sodium health concerns and a variety of food security and other resources for older adults.



Governor Branstad signs the National Nutrition Month Proclamation on March 15, 2012.

March for Mayors Governor Branstad's Proclamation

Many of the AAA nutrition directors participated in the Governor's signing of the proclamation. This special event served to increase the awareness of the home delivered meal program and the benefits it provides to the meal participants. The proclamation also highlighted March as being National Nutrition Month. Read more about the proclamation [here](#).

March for Mayors Makes the News in Oskaloosa

Here is a link to CRI Channel 12 that filmed Seneca AAA's Oskaloosa meal site.
<http://criwmpennu.org/component/content/article/37-weekly-news-pkg/1342-good-eats-osky-agency-celebrates-special-anniversary>

Risk Management Considerations for Nutrition Programs

The following are some highlights from the March 8, 2012 MOWAA webinar on *Risk Management for Non-Profits- Part 2*.

Risk is divided into the following categories:

Employee issues; Volunteer Management; Transportation; Food Safety/Foodborne illness; Facility issues; Board of Directors; Services Disruption; Confidentiality, privacy and information security; and Records Management.

Nutrition programs have a legal duty to provide safe food.

OAA Section 339 Nutrition

(c) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed

(f) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

There is possibility for claims if food safety standards are not followed or failure to warn of potential food allergens which result in harm. There is a need to follow procedures consistent with the law and use good technology to prevent harm. Check if insurance coverage is adequate. Delivery drivers are considered food service workers and must follow the rules of the Food Code.

Foodborne illness

- The Centers for Disease Control and Prevention (CDC) estimates per year in the United States:
 - 48 million Americans (1 in 6)
 - 128,000 hospitalized
 - Approximately 3,000 deaths
- Three main causes of foodborne illness:
 - Time/Temperature Abuse
 - Cross-contamination
 - Poor personal hygiene

Nutrition programs need to address the following to reduce risk to agencies:
Check volunteers and employees driving records and conduct a background check as part of the interview process. Have policy for them to disclose accidents.

Have policies for drivers that include their rights and responsibilities.

Have volunteer agreements. If they are using their own vehicle, check registration and insurance.

Have a procedure for checking on insurance coverage for volunteers and their vehicles. Is their insurance sufficient should there be an accident while they are delivering meals?

If the nutrition program provides the delivery vehicle, there is more risk for the program. Is the agency insurance coverage adequate in case there is an accident while meals are being delivered? The worker may fall under workers compensation if classified as an employee.

Nutrition program facilities:

Is it safe for employees and volunteers?

Landlord is responsible to have a safe environment (does not include moveable things your program would bring in). Does landowner have adequate insurance?

For donated space, check if landowner is assuming responsibility or does the nutrition program need insurance.

If there are special events, who supervises and does the insurance cover the event?

It is essential that what you say you do (i.e. policies and procedures) is what is being done.

Nine in 10 U.S. Adults Get Too Much Sodium Every Day

According to a recent report from the Center for Disease Control and Prevention, the average person consumes about 3,300 milligrams of sodium per day, more than twice the recommended limit for about half of Americans. Too much sodium raises blood pressure, which is a major risk factor for heart disease and stroke.



The report found that 10 types of food are responsible for more than 40 percent of people's sodium intake, some of which are consumed multiple times a day. They include: breads and rolls (because they are eaten several times a day), luncheon meat such as deli ham or turkey, pizza, poultry, soups, cheeseburgers and other sandwiches, cheese, pasta dishes, meat dishes such as meat loaf, and snack foods such as potato chips, pretzels and popcorn. Reducing sodium is a key component of the Million Hearts initiative to prevent a million heart attacks and strokes over the next five years. The Administration on Aging is suggesting that the aging services network participate in this initiative. To read the report visit

http://www.cdc.gov/media/releases/2012/p0207_sodium_food.html?utm_source=SNEB+Membership&utm_campaign=1d7934061f-Weekly_Policy_Update02_13_12&utm_medium=email

Millions of Low-Income Older Adults Missing Out on Help with their Health Care, Prescription, Food, and Utility Costs

The Senior Disconnect: Millions Losing out on Billions in Benefits report identifies that millions of Americans are missing out on over \$20 billion in free and low-cost support that is available to help pay for health care, prescriptions, food, and utilities.



The *You Gave, Now Save* campaign is designed to connect eligible Americans with resources that are available to help them with everything from paying heating bills, getting food assistance, accessing disaster relief, and receiving financial assistance for health care.

Key findings from the report include:

- In 2011 alone, BenefitsCheckUp® screenings identified over \$1.2 billion in benefits that users may be eligible to receive, but are currently not getting.
- 71% of all BenefitsCheckUp® users were missing out on benefits they were potentially eligible to receive.
- “Financial benefits” is the number one reason people call the Eldercare Locator.

To learn more about the *You Gave, Now Save* campaign, visit www.aoa.gov or www.facebook.com/yougavenowsave.

The report can be accessed at http://nasuad.org/documentation/newsroom/friday_updates/You-Gave-Now-Save-data-brief.pdf.

Interventions to Slow Muscle Loss in Older Adults

Source <http://www.nutritionandmetabolism.com/content/8/1/68>

With aging, there is a gradual loss of muscle (called sarcopenia) and loss of strength which can negatively impact independence. This happens when the muscle breaks down faster than it can be replaced. Aging muscles need more protein and stimulation with resistive exercises to slow this loss. Studies are showing that there is benefit to distributing protein intake evenly throughout the day and ensuring adequate amounts of protein foods containing the amino acid leucine are consumed. With regards to physical activity, lower intensity exercises for a longer period of time have been found to be beneficial.

Good Sources of Leucine

soybeans, tofu
lentils
beef
peanuts
salmon
chicken
almonds
eggs

Nutrition and Healthy Aging in the Community - Workshop Summary

With 55 million Americans expected to be over the age of 65 in 2020, a number of challenges will result in a rising demand for the delivery of services. The Institute of Medicine (IOM) held a workshop to highlight topics related to community-based delivery of nutrition services for older adults and to identify nutrition interventions and model programs which support the transition to home care as well as health and independent living in the community. The Workshop summary can be accessed at

http://books.nap.edu/openbook.php?record_id=13344

Topics in Summary

- Nutrition Issues of Concern in the Community.
- Transitional Care
- Successful Intervention Models in Community Settings

Iowa Food Bank Association is Providing Food Assistance Presentations

Presentations called “The Barrier Busters” are being given around the state to inform people about the Food Assistance Program (formerly food stamp program). Congregate meal sites have been locations for some of these presentations. Following the presentation, the speaker offers to help individuals apply for food assistance. The Food Bank has indicated they are getting good responses from older adults. The following is an example of what two of the presenters had to say:



“This past month I have spent a significant amount of time traveling to and from senior meal sites educating seniors about the benefits of the SNAP program and challenging them to change their mindset toward SNAP benefits. Before accepting this position when I envisioned the face of the hungry in Iowa I didn’t picture the face of a 70 year old retired veteran or a 80 year old woman who retired from Rockwell Collins. Today those are the exact faces that come to mind. Food insecurity for seniors is a prevalent issue throughout the State of Iowa. It is my hope that through education and application assistance our SNAP Outreach efforts are meeting some of the needs facing our seniors who are hungry throughout Iowa.”

“Here are two very good reasons why I do what I do day after day to educate seniors and families throughout Iowa on the benefits of SNAP. After visiting a Senior Meal Site in Ankeny I received a call from a gentleman who told me he would not have signed up for assistance without hearing my presentation on Barrier Busters. And at the Food Pantry in Knoxville I signed up a veteran who said I was the answer to a prayer. In addition to helping him apply for SNAP benefits, I also referred him to LIHEAP and assisted him in getting an appointment with them.”

Visit this website to learn more about food insecurity in Iowa by county

<http://www.extension.iastate.edu/hunger/existingdata.htm> or for information about the Iowa Food Bank Association visit <http://iowafba.org/AboutUs.aspx>.

Calibration of Thermometers

Thermometers need to be calibrated routinely. One way is by the ice-point method.

Note: The ice-point method of calibrating thermometers is used, unless a thermometer cannot read 32 degrees Fahrenheit.

1. Fill a large glass with crushed ice. Add cold, clean tap water until the glass is full. Stir the mixture well so that it will be at least 32 degrees Fahrenheit.
2. Put the end of the thermometer into the ice water so that the sensing area is submerged, but the stem does not touch the glass. Wait 30 seconds.
3. Hold the adjusting nut on a dial thermometer, located under the indicator head of the thermometer, secure with a small wrench or pliers, and rotate the head of the thermometer until it reads 32 degrees.
4. Press the reset button on a digital thermometer to adjust the readout.
5. Record calibration, including date and initials on the Thermometer Calibration Record.

Heritage AAA awarded MOWAA Grant

The Meals on Wheels Association of America recently awarded \$104,250 Public Awareness Incentive Grants to 51 Member programs that successfully implemented

We Are Meals On Wheels campaigns in their communities. These programs generated awareness about senior hunger by utilizing the We Are Meals On Wheels Toolkit. Congratulations to Heritage AAA for being one of the awardees and receiving \$5,000. The toolkit is available free to all MOWAA Members.



Iowa Administrative Code- Citation for Eligibility

321—17.20(231) Eligibility for meals at congregate nutrition sites.

17.20(1) A person aged 60 or older and the spouse of the person, regardless of age, are eligible to participate in congregate nutrition services.



If an individual refuses to complete the NAPIS registration form, how is the eligibility criteria of 60 years of age determined?

Grapefruit Juice and Medicine May Not Mix

Grapefruit juice can be part of a healthful diet—most of the time. It has vitamin C and potassium—substances your body needs to work properly.



But it isn't good for you when it affects the way your medicines work.

Grapefruit juice and fresh grapefruit can interfere with the action of some prescription drugs, as well as a few non-prescription drugs.

This interaction can be dangerous, says Shiew Mei Huang, acting director of the Food and Drug Administration's Office of Clinical Pharmacology. With most drugs that interact with grapefruit juice, "the juice increases the absorption of the drug into the bloodstream," she says. "When there is a higher concentration of a drug, you tend to have more adverse events."

For example, if you drink a lot of grapefruit juice while taking certain statin drugs to lower cholesterol, too much of the drug may stay in your body, increasing your risk for liver damage and muscle breakdown that can lead to kidney failure.

Drinking grapefruit juice several

hours before or several hours after you take your medicine may still be dangerous, says Huang, so it's best to avoid or limit consuming grapefruit juice or fresh grapefruit when taking certain drugs.

Examples of some types of drugs that grapefruit juice can interact with are:

- some statin drugs to lower cholesterol, such as Zocor (simvastatin), Lipitor (atorvastatin) and Pravachol (pravastatin)
- some blood pressure-lowering drugs, such as Nifediac and Afeditab (both nifedipine)
- some organ transplant rejection drugs, such as Sandimmune and Neoral (both cyclosporine)
- some anti-anxiety drugs, such as BuSpar (buspirone)
- some anti-arrhythmia drugs, such as Cordarone and Nexterone (both amiodarone)
- some antihistamines, such as Allegra (fexofenadine)

Grapefruit juice does not affect all the drugs in the categories above. Ask your pharmacist or other health care professional to find out if your specific drug is affected.

Too High or Too Low Drug Levels

Many drugs are broken down (metabolized) with the help of a vital enzyme called CYP3A4 in the small intestine. Certain substances in grapefruit juice block the action of CYP3A4, so instead of being metabolized, more of the drug enters the bloodstream and stays in the body longer. The result: potentially dangerous levels of the drug in your body.

The amount of the CYP3A4 enzyme in the intestine varies from one person to another, says Huang. Some people have a lot, and others have just a little—so grapefruit juice may affect people differently when they take the same drug.

While scientists have known for several decades that grapefruit juice can cause a potentially toxic level of certain drugs in the body, Huang says more recent studies have found that the juice has the opposite effect on a few other drugs.

"Grapefruit juice reduces the absorption of fexofenadine," says Huang, decreasing the effectiveness of the drug. Fexofenadine (brand name Allegra) is available in both prescription and non-prescription forms to relieve symptoms of seasonal allergies. Fexofenadine may also be less effective if taken with orange or apple juice, so the drug label states "do not take with fruit juices."

Why this opposite effect?

It involves the transportation of drugs within the body rather than their metabolism, explains Huang. Proteins in the body known as drug transporters help move a drug into cells for absorption.

Substances in grapefruit juice block the action of a specific group of transporters. As a result, less of the drug is absorbed and it may be ineffective, Huang says.

When a drug sponsor applies to FDA for approval of a drug, the sponsor submits data on how its drug is absorbed, metabolized and transported says Huang. "Then we can decide how to label the drug."

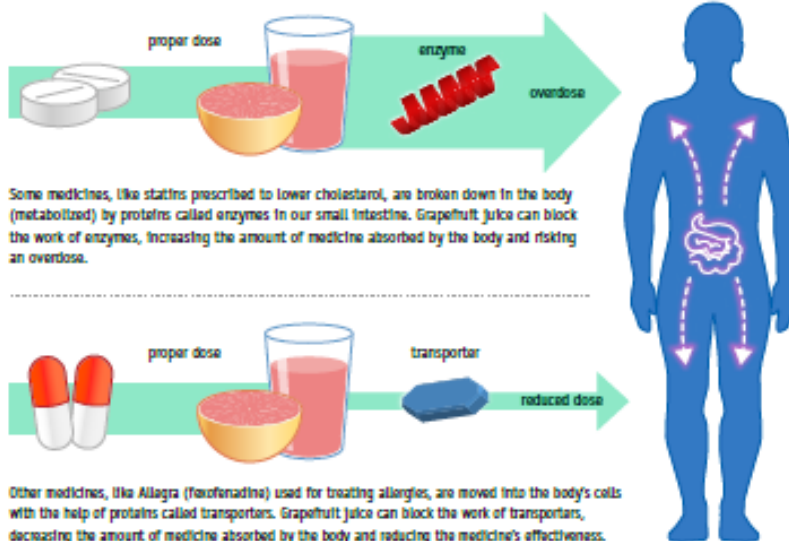
FDA has required some prescription drugs to carry labels that warn against consuming grapefruit juice or fresh grapefruit while using the drug, says Huang. And the agency's current research into drug and grapefruit juice interaction may result in label changes for other drugs as well.

Tips for Consumers

- Ask your pharmacist or other health care professional if you can

How Grapefruit Juice Affects Some Medicines

When medicine is swallowed, it dissolves and the body absorbs it through cells in the small intestine. Grapefruit juice can interfere with this process, causing too much or too little medicine to be released into the body.



have fresh grapefruit or grapefruit juice while using your medication. If you can't, you may want to ask if you can have other juices with the medicine.

- Read the Medication Guide or patient information sheet that comes with your prescription medicine to find out if it could interact with grapefruit juice. Some may advise not to take the drug with grapefruit juice. If it's OK to have grapefruit juice, there will be no mention of it in the guide or information sheet.
- Read the Drug Facts label on your non-prescription medicine, which will let you know if you shouldn't have grapefruit or other fruit juices with it.
- If you must avoid grapefruit juice with your medicine, check the label of bottles of fruit juice or drinks flavored with fruit juice to make sure they don't contain grapefruit juice.

- Seville oranges (often used to make orange marmalade) and tangelos (a cross between tangerines and grapefruit) affect the same enzyme as grapefruit juice, so avoid these fruits as well if your medicine interacts with grapefruit juice. **FDA**

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RESOURCES



Health Promotion

- **Million Hearts:** Million Hearts is a national initiative to prevent 1 million heart attacks and strokes over the next five years. Million Hearts brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke. Communities are encouraged to engage in the campaign by support activities, increase awareness and promote health living through the campaign goals. To get involved visit <http://millionhearts.hhs.gov/consumer-organizations.html>. Click on the “about heart disease and strokes” at the top of the page for resources.
- **Hypertension Is The Most Common Chronic Condition Link:** <http://www.rwjf.org/pr/product.jsp?id=56849>
- **Why Doesn't My Mother Listen:** This link provides access to a webinar addressing the reasons people don't always do what we suggest. the presentation is by Adriane Berg of VitalLink <http://www.longevityclubonline.com/VitallinkWebinar2-8.wmv> .
- **Best hospitals** are identified in a report issued by HealthGrades. This is done using 12 years of Medicare data, 150 million patient hospitalization records, and 26 different diagnoses and procedures. <http://www.stonehearthnewsletters.com/americas-50-best-and-100-best-hospitals/hospitals/>
- **What's In the Foods You Eat Search Tool** is available at [http://199.133.10.140/codesearchwebapp/\(h5ffbv45yhrdsrgqwhngpk55\)/codesearch.aspx](http://199.133.10.140/codesearchwebapp/(h5ffbv45yhrdsrgqwhngpk55)/codesearch.aspx). This provides an easy-to-use searchable version of foods, their portions, and nutrients.
- **Procurement Resource for Nutritious Food (i.e. lower sodium)** is an online resource is available to help organizations implement food service guidelines and strategies to reduce sodium. The online Procurement Resource Guide may be found at http://www.cdc.gov/salt/pdfs/Salt_Procurement_Resources.pdf. For more information related to sodium reduction visit www.cdc.gov/salt.
- **HIV/AIDS Prevention and Education to Older Adults Toolkit**
The number of persons over the age of 50 living with HIV/AIDS continues to increase. The kit, developed for use by aging services advocates and other organizations interested in informing seniors, contains posters, a factsheet, a customizable PowerPoint presentation, and video. Visit http://aoa.gov/AoARoot/AoA_Programs/HPW/HIV_AIDS/toolkit.aspx.

- **BenefitsCheckUp Seniors:** Low-income seniors are missing out on benefits that could help them pay for health care, medicine, food, and more. These aren't handouts—older adults paid into these programs that can now help them stay healthy and independent. The AoA and NCOA materials are in a downloadable pocket guide to benefits programs for seniors. To learn more about the *You Gave, Now Save* campaign, visit www.aoa.gov.



- **Rolling out BCBH-Diabetes**
NCOA is launching a new national pilot of the online Diabetes Self-Management Program, named Better Choices, Better Health® – Diabetes (BCBH- Diabetes). This allows access to the online workshop at no charge. For more information visit www.restartliving.org
- **Promoting Nutrition:** Need an idea for a nutrition program, article, blog, tweet, etc. for April? Ideas from the University of Nebraska Extension can be viewed at : <http://food.unl.edu/web/fnh/april>

Education Opportunities



- Educational opportunities such as <http://www.myseniorcollege.org/> and http://www.centeronaging.uiowa.edu/OLLI/OLLI_about.shtml are available for older adults and can be promoted by the AAA's

IAC 6.6(2)(d). Compile and summarize information on institutions of higher education in the PSA which offer courses of study to older individuals at a no- or reduced-tuition rate and disseminate the information to older individuals at their gathering places.

Gardening

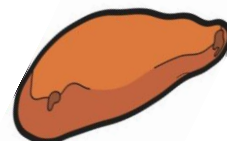
Herman's Garden Program - Seeds for Schools and Community Organizations
<http://www.seedsavers.org/hermansgardenletter.htm>



Consider planting a garden at congregate meal sites. A variety of seed packets valued at \$2.75 each are available. These seeds have been recently returned from the Seed Savers Exchange retail seed rack program from stores throughout the country, or are overstock seed packets from the previous year. Because these seeds have been stored in a variety of environments, it is recommended to plant at more than the suggested sowing rate to make up for possible lower germination rates.

The donated seed is intended only for established community and educational groups who will freely share the harvest, and save seed for others in need. Non-profits, schools, community gardens, and educational programs in the U.S. are eligible. To obtain seeds, include \$10 to cover postage and handling. Download, and complete the "Donation Request form." http://www.seedsavers.org/pdf/herman_gardenform.pdf

Food Safety



- **IDA has a lending library of educational materials for Iowa AAAs.** The ServeSafe DVD's and a Glow Germ activity kit are available for your training. Contact Carlene Russell at carlene.russell@iowa.gov to request the materials.

Health Care Reform

- **Short humorous video** developed by Kaiser Family Foundation gives an overview of health care reform.



<http://link.brightcove.com/services/player/bcpid1875349721?bctid=608833805001>

The 2010 Dietary Guidelines Recommend Consuming More Legumes Try this recipe.

Christmas Bean Salad

3 cups cooked navy beans (you can substitute (2) 14oz cans white beans, drained and rinsed- will be higher in sodium)
1 red pepper, medium sized chopped
1 green pepper, medium sized chopped
3 green onions, sliced (include green parts)



Dressing

½ cup orange juice
1/3 cup balsamic vinegar
1 Tbsp dried basil or ¼ cup fresh, chopped
Salt and pepper to taste

Soak and cook 1 1/3 cups beans as outlined below.
Cool beans. In bowl, combine beans, peppers and onions.
In sealable container, combine dressing ingredients. Shake well.
Add dressing to bean mixture. Stir.
Chill for at least two hours.
Serve on a thick tomato slice for individual portion.

Serves 6. Nutrients Per Serving:

Protein 8 grams, Fat 0 grams, Carbohydrate 31 grams, Calories 161, Dietary Fiber 11 grams, Sodium 5 mg (without salt), Potassium 504 mg, Folate 144 mcg

Printed with permission from: *Easy Beans-Fast and delicious bean, pea and lentil recipes* by Trish Ross, Big Bean Publishing.

Quick-Soak Method

Sort and wash beans

Rinse beans under cold running water in a colander.

Place beans in large saucepan and cover with three times the volume of water.

Bring to a boil. Simmer gently for 2-3 minutes. Remove from heat and let stand for at least one hour.

Drain beans and rinse under cold water. Store covered in the refrigerator or freezer if not using immediately.

Place soaked beans in large saucepan. Cover with at least 3 inches of cold water. Bring to a boil. Reduce heat, cover and simmer gently 40-45 minutes. Drain and rinse.

Test for doneness by biting. It should be tender but firm but not mushy.

To prevent foaming, add 1 Tbsp of vegetable oil to cooking water.



Iowa Department on Aging Mission

To provide advocacy, educational, prevention and health promotion services for older Iowans, their families and caregivers through partnership with Area Agencies on Aging and other stakeholders.

IDA provides over \$30 million in services through a network of 13 Area Agencies on Aging across the state. For more information on the Iowa Department on Aging (IDA), visit <http://www.aging.iowa.gov>.

To locate resources for older adults and people with disabilities, visit <http://www.lifelonglinks.org/>.

Iowa Department on Aging

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